

01-22-02

UTILITY**PATENT APPLICATION
TRANSMITTAL**

(Submit new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	NB 2019.00
First Inventor	H. Michael Shepard
Title	Methods to Treat Autoimmune and Inflammatory Conditions
Express Mail Label No.	EL 548 626 353 US

01/18/02

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS Assistant Commissioner for Patents**TO:** Box Patent Application
Washington DC 20231

- | | | |
|---|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing.)</i> | 5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) | |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 61]
<i>(preferred arrangement as set forth below)</i> <ul style="list-style-type: none"> • Descriptive Title of the Invention • Cross References to Related Applications • Background of the Invention • Brief Description of the Drawings (<i>if filed</i>) • Detailed Description • Claim(s) • Abstract of the Disclosure | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C 113) [Total Sheets 3] | ACCOMPANYING APPLICATION PARTS | |
| 4. <input checked="" type="checkbox"/> Oath or Declaration (Unsigned) [Total Pages 2] | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney
9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
10. <input type="checkbox"/> Information Disclosure Statement PTO-1449 <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment
12. <input type="checkbox"/> Return Report Postcard (MPEP 503)
13. <input type="checkbox"/> Small Entity Statement <ul style="list-style-type: none"> <input type="checkbox"/> Statement filed in prior application, status still proper 14. <input type="checkbox"/> Certified Copy of Priority Document(s)
15. <input type="checkbox"/> Other: Return Postcard | |
| a. <input type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <p style="margin-left: 20px;"><i>(for continuation/division with Box 16 completed)</i></p> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <p style="margin-left: 20px;">Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</p> | | |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner:

Group Art Unit:

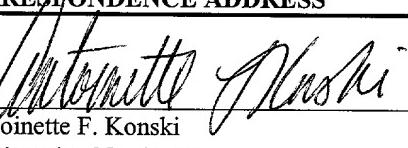
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

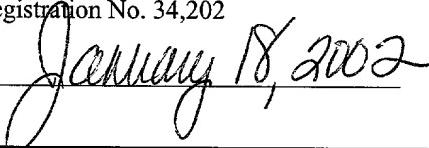
McCutchen, Doyle, Brown & Enersen LLP
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By:


Antoinette F. Konski
Registration No. 34,202

Date:


January 18, 2002

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2002

J1054 U.S. PTO
01/18/02

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 388.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	January 18, 2002
First Named Inventor	H. Michael Shepard
Examiner Name	Unassigned
Group Art Unit	Unassigned

Attorney Docket No.

NB 2019.00

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number **50-1189**

Deposit Account Name **McCutchen Doyle Brown & Enersen LLP**

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:

- Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	330	219	160	Notice of Appeal	
120	330	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

SUBTOTAL (1) **(\$370.00)**

2. EXTRA CLAIM FEES

Total Claims	22	- 20** =	2	x	9	=	\$ 18.00
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Independent Claims	3	- 3** =	0	x		=	\$
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Multiple Dependent							= \$
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Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claims, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

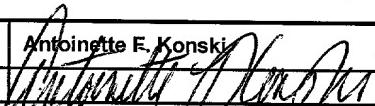
SUBTOTAL (2) **(\$18.00)**

** or number previously paid, if greater; For reissues, see above.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**

Complete if applicable

Name (Print/Type)	Antoinette E. Konski	Registration No (Attorney/Agent)	34,202	Telephone	(650) 849-4950
Signature				Date	1/18/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.